

*Amendments to the Claims*

The listing of claims will replace all prior versions, and listings of claims in the application.

1. (Currently Amended) A computer-based method for facilitating compliance with rules governing coverage by a third party payor for health care provided to a beneficiary by a provider, wherein the health care is administered under the medical benefit, comprising the steps of:

- (1) receiving an order for the health care, said order includes an HCPCS product code corresponding to the health care;
- (2) applying the rules associated with said order;
- (3) determining the level of coverage by the third party payor for said order;
- (4) processing payment for said order; ~~and~~
- (5) processing fulfillment of said order;
- (6) mapping said HCPCS product code to at least one more specific product code; and
- (7) providing said at least one more specific product code to said third party payor.

2. (Original) The computer-based method of claim 1, wherein said step (1) comprises receiving an order for the health care from at least one of:

the beneficiary; and  
the provider.

3. (Currently Amended) The computer-based method of claim 1, wherein step (1) comprises receiving an order including:

- (a) beneficiary information;
- (b) third party payor information;
- (c) prescription information associated with the health care; and
- (d) disease or wound information associated with the health care; ~~and~~
- ~~(e) information associated with the health care.~~

Claims 4 and 5. (Cancelled)

6. (Original) The computer-based method of claim 5, wherein said more specific product code is provided to the third party payor.

7. (Original) The computer-based method of claim 1, wherein the rules governing coverage comprise:

- protocol rules;
- healing outcome rules; and
- economic outcome rules.

8. (Original) The computer-based method of claim 7, wherein the rules governing coverage further comprise:

- formulary rules;
- utilization rules;
- authorization rules;

co-payment rules; and  
deductible rules.

9. (Original) The computer-based method of claim 1, wherein said step (4) comprises at least one of:

(f) receiving payment to the provider from the third party payor for the portion of the value of the health care covered by the third party payor; wherein said portion is determined by said step (3);

(g) receiving a promise to pay the provider from the third party payor for the portion of the value of the health care covered by the third party payor; wherein said portion is determined by said step (3); and

(h) sending a bill from the provider to the third party payor for the portion of the value of the health care covered by the third party payor; wherein said portion is determined by said step (3).

10. (Original) The computer-based method of claim 9, wherein said step (4) further comprises:

receiving payment to the provider from the beneficiary for the portion of the value of the health care not covered by the third party payor, if the third party payor does not completely cover the value of the health care, wherein said portion is determined by said step (3).

11. (Original) The computer-based method of claim 1, wherein said step (5) comprises:

initiating the sending of the health care product from the provider  
to the beneficiary.

12. (Original) The computer-based method of claim 1, wherein said step (5)  
comprises:

initiating the release of the health care service from the provider to  
the beneficiary.

13. (Original) The computer-based method of claim 1, further comprising:  
automatically processing fulfillment of future orders determined  
by said step (3).

14. (Original) The computer-based method of claim 1, wherein the method is  
applied to ancillary health care.

15. (Currently Amended) A computer system for facilitating compliance with  
rules governing coverage by a third party payor for health care provided to a beneficiary  
by a provider, wherein the health care is administered under the medical benefit, said  
comprising:

means for receiving an order for the health care, wherein said  
order includes an HCPCS product code corresponding to the health care;

means for applying the rules associated with said order;

means for determining the level of coverage by the third party  
payor for said order;

means for processing payment for said order;~~and~~  
means for processing fulfillment of said order;  
means for mapping said HCPCS product code to at least one more  
specific product code; and  
means for providing said at least one more specific product code  
to said third party payor.

16. (Original) The computer system of claim 15, wherein the rules governing coverage comprise:

protocol rules;  
healing outcome rules; and  
economic outcome rules.

17. (Original) The computer system of claim 16, wherein the rules governing coverage further comprise:

formulary rules;  
utilization rules;  
authorization rules;  
co-payment rules; and  
deductible rules.

Claims 18 and 19. (Cancelled).

20. (Original) The computer system of claim 15, wherein the system is used for ancillary health care.

21. (Currently Amended) A computer program product comprising a computer useable medium having control logic stored therein for causing a computer to facilitate compliance with rules governing coverage by a third party payor for health care provided to a beneficiary by a provider, wherein the health care is administered under the medical benefit, the computer control logic comprising:

first computer readable program code means for causing the computer to receive an order for the health care, wherein said order includes an HCPCS product code corresponding to the health care;

second computer readable program code means for causing the computer to apply the rules associated with said order;

third computer readable program code means for causing the computer to determine the level of coverage by the third party payor for said order;

fourth computer readable program code means for causing the computer to process payment for said order; ~~and~~

fifth computer readable program code means for causing the computer to process fulfillment of said order;

sixth computer readable program code means for mapping said HCPCS product code to at least one more specific product code; and

seventh computer readable program code means for providing said at least one more specific product code to said third party payor.

22. (Original) The computer program product of claim 21, wherein the rules governing coverage comprise:

protocol rules;  
healing outcome rules; and  
economic outcome rules.

23. (Original) The computer program product of claim 22, wherein the rules governing coverage further comprise:

formulary rules;  
utilization rules;  
authorization rules;  
co-payment rules; and  
deductible rules.

Claim 24. (Cancelled)

25. (Original) The computer program product of claim 21, wherein said fifth computer readable program code means comprises:

computer readable program code means for causing the computer to initiate the sending of the health care product from the provider to the beneficiary.

26. (Original) The computer program product of claim 21, wherein said fifth computer readable program code means comprises:

computer readable program code means for causing the computer to initiate the release of the health care service from the provider to the beneficiary.

27. (Original) The computer program product of claim 21, the computer control logic further comprising:

computer readable program code means for causing the computer to automatically process fulfillment of future orders determined by third computer readable program code means.

28. (Original) The computer program product of claim 21, wherein the computer program product is applied to ancillary health care.

29. (New) The computer system of claim 15, wherein said order includes:

- (a) beneficiary information;
- (b) third party payor information;
- (c) prescription information associated with the health care; and
- (d) disease or wound information associated with the health care.

30. (New) The computer program product of claim 21, wherein said order includes:

- (a) beneficiary information;
- (b) third party payor information;
- (c) prescription information associated with the health care; and
- (d) disease or wound information associated with the health care.